

## **M. ESTABLISHMENT OF NEW HEALTH CHECK OUTREACH PROJECTS**

### Pre-implementation Planning Process

DMA is currently expanding the Health Check Program statewide by reallocating existing positions to non-Health Check Project counties. **As vacancies occur** in some of the existing project counties, these positions will be re-allocated to new Health Check project counties using a population based model. The number of Health Check positions a county is eligible for is based on the number of Medicaid eligible children in the county. In some cases, a county may be eligible for only a half-time position. No county will be eligible for more than three Health Check Coordinators. Counties will be notified when a vacant position becomes available for their county. Once a county has been notified that a DMA Health Check Coordinator position has become available, State Health Check staff will work with the county through the implementation process.

Counties may initiate DMA funded Health Check Projects only when notified by the State that a Health Check Coordinator position has become available. Again, the number of positions available to a county will be based on the number of Medicaid eligible children in the county.

Local health departments, rural, migrant, and community health centers, hospitals, and other health related organizations may act as administrative agencies for Health Check Outreach Projects. Community agencies and private providers should agree on which agency will have administrative responsibility for the Project prior to implementation. Only one Health Check Outreach Project will be approved in each county. Only in rare cases will any exception to this policy be made.

Counties must demonstrate an ability to coordinate with other community agencies and organizations, including private medical providers.

Criteria for DMA reimbursement of HCC positions include all of the following components.

1. Health Check Coordinator Position(s) must be devoted entirely to Health Check activities. Seventy-five (75%) of the Health Check Coordinator's time must be focused on client related activities. At least 50% of this time must be spent solely on **direct** client contact. Half-time Health Check Coordinators may be employed by the agency in a different capacity as long as these duties do not interfere with Health Check client related activities. The local agency will develop a work schedule and a mechanism for tracking time.
2. Health Check Coordinators and *supervisors* must complete the *mandatory* Health Check Introductory Training within the specified time frame.
3. The Project must be implemented and operate in accordance with Health Check Program Policies and Procedures.

4. DMA funded Health Check coordination services must be provided to families of Medicaid eligible children and youth, from birth through 20 years of age, who reside in the project county.
5. Agency must provide appropriate hardware and software for AINS data. Purchases of appropriate hardware and software for AINS data are supported through HCC Project reimbursement.

Administrative agencies must complete the Implementation Plan (Appendix 12) and this plan must be approved before DMA will provide reimbursement for the Health Check Coordinator position(s).

Counties planning to implement a Health Check Outreach Project with outside funding will receive consultation and technical assistance from State Health Check Program staff. Technical assistance will include orientation to Health Check Program Policies and Procedures, fiscal considerations, and assistance in formulating an Implementation Plan (Appendix 12). Community agencies and private providers in the county who serve Medicaid eligible children and youth should be notified and involved in the planning process at the earliest possible time. State Health Check Program staff must approve all new outreach projects before implementation begins.

Agencies that do not complete the Health Check Implementation Plan will not receive DMA funding or AINS data.